

Remarks Following a Meeting on Zika Virus Preparedness Efforts

May 20, 2016

Well, I just had an opportunity to get a full briefing from Secretary Burwell, CDC Director Frieden, as well as Tony Fauci from NIH about the Zika situation, and I wanted to give the American people a quick update on where we are.

As has been explained repeatedly, but I want to reemphasize, Zika is not like Ebola. This is not a human-to-human transmission, with the one exception that we'll talk about. It's primarily transmitted through mosquitoes, a very particular type of mosquito. But what we do know is that if you contract Zika, even if you don't appear to have significant symptoms, it is possible for Zika to cause significant birth defects, including microcephaly, where the skull casing is—the head of the infant, is significantly smaller. We think that there may be other neurological disorders that are caused as a consequence of Zika, and we don't know all of the potential effects. We do know that they are serious.

Right now what we've seen is a little over 500 cases of Zika in the continental United States, and they all appear to be travel related, not mosquito transmitted, meaning somebody from the U.S. went down to an area that has Zika, got a bite, came back. We have seen at least 10 cases in which an individual went to one of these areas, got infected, and then sexually transmitted Zika to their partner.

A more significant, immediate concern is Puerto Rico, where we know that there are over 800 cases that have been diagnosed. However, we suspect that it could be significantly higher. The reason is, is that for most people, you may not have a lot of symptoms when you get Zika. If you are not pregnant or the partner of somebody who is pregnant or trying to get pregnant, then you may not even know that you end up having Zika. And that means that people oftentimes are not affirmatively going to the doctor and getting tested on these issues.

Now, here's the good news, is that because of the good work that's been done by the Department of Health and Human Services, by the CDC, as well as NIH, we have put forward a plan; we've got a plan over the next several months to begin developing a vaccine and to continually improve our diagnostic tests. We're also working with all the States so that they're properly prepared if we start seeing an outbreak here in the continental United States during the summer when obviously mosquitoes are more active.

And what we're also trying to do is to develop new tools for vector control, meaning how do we kill mosquitoes and reduce their populations, particularly this kind of mosquito. That's a tricky piece of business because we've been using a lot of insecticides for a long time that have become less and less effective. New strains of mosquitoes become resistant to the insecticides that we have. The methods we use aren't as effective as they used to be. And so we're also investing a lot of time, research, logistical support to States and local communities to start improving our ability to control mosquitoes.

Puerto Rico is most urgent and some of the Territories, but we're also spending time working with the States so that they can be better prepared.

All of this work costs money. And we have put forward a package that costs \$1.9 billion in emergency funding in order for us to make sure that we are doing effective mosquito control, to make sure that we are developing effective diagnostic tools and distributing them, to make

sure that we are developing the vaccines that ultimately will prevent some of the tragedies that we've seen for those who have contracted Zika and then end up having children with significant birth defects.

And we didn't just choose the \$1.9 billion from the top of our heads. This was based on public health assessments of all the work that needs to be done. And to the extent that we want to be able to feel safe and secure and families who are of childbearing years want to feel as if they can have confidence that when they travel, when they want to start a family, that this is not an issue—to the extent that that's something that we think is important—then this is a pretty modest investment for us to get those assurances.

Unfortunately, what we have right now is the Senate approving a package that would fund a little over half of what's been requested. The House so far has approved about a third of the money that's been requested, except that money is taken from the fund that we're currently using to continue to monitor and fight against Ebola. So, effectively, there's no new money there; all that the House has done is said, you can rob Peter to pay Paul. And given that I have, at least, pretty vivid memories of how concerned people were about Ebola, the notion that we would stop monitoring as effectively and dealing with Ebola in order to deal with Zika doesn't make a lot of sense. And I don't think it will make a lot of sense to the American people.

So here's the upshot. This is something that is solvable. It is not something that we have to panic about, but it is something we have to take seriously. And if we make a modest investment on the front end, then this is going to be a problem that we don't have to deal with on the back end.

Every child that has something like microcephaly, that may end up costing up to \$10 million over the lifetime of that child in terms of that family providing that child the support that they need. That sets aside the pain and the sorrow and the challenges that they're going to go through. Add that up. It doesn't take a lot of cases for you to get to \$1.9 billion. Why wouldn't we want to make that investment now?

So my hope was that we would have had a bill that I could sign now, because part of what we're trying to do is to accelerate, get the process going for vaccines. You don't get a vaccine overnight. Initially, you have to test it to make sure that any potential vaccine is safe. Then, you have to test to make sure that it's effective. You have to try—conduct trials where you're testing it on a large-enough bunch of people that you can make scientific determinations that it's effective.

So we've got to get moving. And what essentially NIH and CDC have been doing is taking pots of money from other things—universal flu funds or Ebola funds or other funds—just to get the thing rolling. But we have to reimburse those pots of money that have already been depleted, and we have to be able to sustain the work that's going to need to be done to finish the job.

So bottom line is, Congress needs to get me a bill. It needs to get me a bill that has sufficient funds to do the job. They should not be going off on recess before this is done. And certainly, this has to get done over the course of the next several weeks in order for us to be able to provide confidence to the American people that we're handling this piece of business.

If I'm a young family right now or somebody who's thinking about starting a family, this is just a piece of insurance that I want to purchase. And I think that's true for most Americans. So—and understand that this is not something where we can build a wall to prevent. Mosquitoes

don't go through Customs. To the extent that we're not handling this thing on the front end, we're going to have bigger problems on the back end.

So for those of you who are listening, tell your Members of Congress, get on the job on this. This is something we can handle. We should have confidence in our ability to take care of it. We've got outstanding scientists and researchers who are in the process of getting this done, but they've got to have the support from the public in order for us to accomplish our goal.

Okay. Thank you very much, everybody.

NOTE: The President spoke at 12:04 p.m. in the Oval Office at the White House. In his remarks, he referred to Anthony S. Fauci, Director, National Institute of Allergy and Infectious Diseases. Also participating in the meeting were Vice President Joe Biden; Shaun L.S. Donovan, Director, Office of Management and Budget; and Deputy Assistant to the President for Homeland Security and Counterterrorism Amy Pope.

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